Fill in this information to identify your case:				1.	
Debtor 1 Robert E. Stauffer, Jr.	-n/hallhe	_	1	olulle DIU/10	
	IXIII Name	•14	<u> </u>		
Debtor 2 Dana M. Stauffer	- I XXMO MS	ليلاله	ルノー	DIUIIO)
Spouse d, fáng) First Name M	idde Name Last Nam	• 7	\(\)		
United States Bankruptcy Court for the: EASTE	ERN DISTRICT OF PENNSYLVA	NIA .			
- · · · ·					
Case number <u>16-14797</u>		•			
(f known)				■ Check	if this is an
				amend	ed filing
Official Form 106E/F	•		,		
schedule E/F: Creditors Who Ha	ave Unsecured Claim	e			12/15
e as complete and accurate as possible. Use Part 1 f			r conditions with NON	IDDIORITY claims 1 i	
chedule G: Executory Contracts and Unexpired Leas chedule D: Creditors Who Have Claims Secured by P M. Attach the Continuation Page to this page, if you i ame and case number (if known). Part 1: List Ali of Your PRIORITY Unsecured	roperty. If more space is needed, co have no information to report in a Pa	nov the Part	you need fill it out.	number the entries in	n the boxes on the
. Do any creditors have priority unsecured claims			· · · · · · · · · · · · · · · · · · ·		
☐ No. Go to Part 2.	,				
■ Yes.					
2. List all of your priority unsecured claims, if a cred	Mar has mass than one priority uncon-	مذها جنعات الم	• *** • • • • • • • • • • • • • • • • • •		anah atai- Kasad
identify what type of ctalm it is. If a ctalm has both pri- possible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular ctall.	only and nonpriority amounts, list that (claim here si	rd show both noonly s	na nanariana samuni	le As much se
(For an explanation of each type of claim, see the ins		hooklet)			
	· · · · · · · · · · · · · · · · · · ·		Total claim	Priority amount	Nonpriority amount
2.1 Lancaster Area Sewer Authority Priority Creditor's Name	Last 4 digits of account number	5035	<u>\$441.44</u>	\$441,44	\$0.00
130 Centerville Road	When was the debt incurred?	6/3/16			
Lancaster, PA 17603-4007	•			-	•
Number Street City State Zip Code	As of the date you file, the claim	is: Check a	I that apply		
Who incurred the debt? Check one.	· Contingent				
Debtor 1 only	■ Unliquidated	•			
Debtor 2 only	Disputed				`
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
At least one of the debtors and another	Onmestic support obligations				
☐ Check if this claim is for a community debt		 .			
is the claim subject to offset?	Taxes and certain other debts y Claims for death or personal inj				
■ No		ory write you	1 MB:9 IUTOXICRERO		
☐ Yes	Other. Specify municiple	tax lien			
	•				
art 2. List All of Your NONPRIORITY Unsec					
. Do any creditors have nonpriority unsecured clair	πs against you?		•		
_		charides	•		
No. You have nothing to report in this part. Submit	I this form to the court with your other i	magane.			
No. You have nothing to report in this part. Submit	I this form to the court with your other $oldsymbol{\epsilon}$.				
	e alphabetical order of the creditor of the creditor of the creditor will be a compared to the creditor of the	who holds e	aim it is. Do not list cla	ims already included i	n Part 1. If more

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 7

Debtor	Case 16-14797-mdc Doc 25 Robert E. Stauffer, Jr.	Filed 10/21/16 En Document Page	tered 10/21/16 14 2 of 7	1:33:25	Desc Main
	2 Dana M. Stauffer		Case number (if know)	16-14797	
4.1	Apex Asset Management Nonpriority Creditor's Name	Last 4 digits of account number	8770	1	\$26.54
	PO Box 5407	When was the debt incurred?	4/20/15		-
	Lancaster, PA 17606-5407 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	Debtor 1 only	☐ Contingent	•		
	☐ Debtor 2 only	■ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce the	at you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar deb	ts	
	□Yes	Other Specify Lancaster	Gastro		-
	Apex Asset Management Nonpriority Creditor's Name	Last 4 digits of account number	6439		\$84.58
	PO Box 5407	When was the debt incurred?	9/3/15		-
•	Lancaster, PA 17606-5407 Number Street City State Zlp Code Who Incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	☐ Debtor 1 only	Contingent			•
	☐ Debtor 2 only	Untiquidated	•		
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	Į.	
	Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce the	at you did not	`
	■ No	Debts to pension or profit-sharing	g plans, and other similar deb	ts	
	Yes	Other Specify Ephrata Ra	diology Assoc		_
	Boyer Motors	Last 4 digits of account number		_	\$4,085.38
	Nonpriority Creditor's Name 1065 S State Street	When was the debt incurred?	7/29/15		_
-	Ephrata, PA 17522 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.	,			
	☐ Debtor 1 only	☐ Contingent			
•	Debtor 2 only	Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	Check if this claim is for a community	Student loans	,		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce the	nat you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar deb	ts	
	□ Yes	•	ring on totaled 2003 F		_

Page 2 of 7

	Case 16-14797-mdc Doc 25	Filed 10/21/16 En Document Page		33:25 I	Desc Main
Debtor Debtor	1 Robert E. Stauffer, Jr. 2 Dana M. Stauffer			6-14797	
4.4	Credit Bureau of Lancaster Co, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	5472		\$302.81
	PO Box 1271 Lancaster, PA 17608	When was the debt incurred?			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		•
•	Who incurred the debt? Check one.		• • • • • •)
	Debtor 1 only	☐ Contingent .	1. * 1. **		
	Debtor 2 only	Unliquidated	•		
	Debtor 1 and Debtor 2 only	Disputed	,		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
**	☐ Check if this claim is for a community debt	Student loans)		
•	Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that	you ald not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	Other. Specify Lancaster (General		
4.5	Credit Bureau of Lancaster Co, Inc.	Last 4 digits of account number	2193		\$17.48
	Nonpriority Creditor's Name PO Box 1271	When was the debt incurred?	11/5/15		
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	Unliquidated	1 · · · · · · · · · · · · · · · · · · ·		
	■ Debtor 1 and Debtor 2 only	☐ Disputed			·
•	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	Student loans	ا و '		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims		you did not	
	■ No .	Debts to pension or profit-sharin	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	
,	☐ Yes	Other. Specify LGMG-Diab	etes & End		
4.6	Credit Bureau of Lancaster Co, Inc.	Last 4 digits of account number	2648		\$71.00
	PO Box 1271 Lancaster, PA 17608	When was the debt incurred?	11//9/15		
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		•
	Debtor 1 only	Contingent	4		
	☐ Debtor 2 only	Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			•
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that	you did not	
. •	■ No	Debts to pension or profit-sharin	g plans, and other similar debts		
	□Yes	Other Specify LGMG Hem			•
		Other opening			·

	Case 16-14797-mdc Doc 25 Robert E. Stauffer, Jr. Dana M. Stauffer	Filed 10/21/16 Entered 10/21/16 14:33:25 Des Document Page 4 of 7 Case number (if know) 16-14797	c Main
4.7	Credit Bureau of Lancaster Co, Inc. Nonpriority Creditor's Name PO Box 1271 Lancaster, PA 17608	Last 4 digits of account number 9002 When was the debt incurred?	\$205.84
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply .	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Untiquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	•
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other Specify Lancaster General	,
4.8	Credit Bureau of Lancaster Co, Inc. Nonpriority Creditor's Name	Last 4 digits of account number 9043	\$29.92
	PO Box 1271	When was the debt incurred?	
-	Lancaster, PA 17608		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only		
	■ Debtor 1 and Debtor 2 only	■ Unliquidated	
	_	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	- No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Lancaster General	
4.9	Jefferson Capital Systems Nonpriority Creditor's Name	Last 4 digits of account number 5563	\$442.72
	16 McLeland Road Saint Cloud, MN 56303	When was the debt incurred? 1/2016	•
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	■ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify Premier Bankcard	

	Case 16-14797-mdc Doc 25 Robert E. Stauffer, Jr. Dana M. Stauffer	Filed 10/21/16 Entered 10/21/16 14:33:25 Document Page 5 of 7 Case number (if know) 16-14797	Desc Main
4.1	Lancaster Area Sewer Authority	Last 4 digits of account number 0137	\$503.80
	Nonpriority Creditor's Name		4505.60
	130 Centerville Road Lancaster, PA 17603-4007	When was the debt incurred? 2016	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
•	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
			· · · · · · · · · · · · · · · · · · ·
4 .1	Lançaster General Health	Last 4 digits of account number 4184	\$102.17
	Nonpriority Creditor's Name PO Box 824809	When was the debt incurred? 12/2/15	
	Philadelphia, PA 19182-4809 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	•
	Who incurred the debt? Check one.	· · · · · · · · · · · · · · · · · · ·	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	1
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
÷ ,	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify	¢
	Northern Lancaster County Medical Group	Last 4 digits of account number 0244	\$199.34
	Nonpriority Creditor's Name PO Box 398	When was the debt incurred? 2015 and 2016	
_	Brownstown, PA 17508	As of the date you file, the claim is: Check all that apply	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you me, the claim is. Officer an that apply	
	Debtor 1 only	☐ Contingent	i
	Debtor 2 only	■ Unliquidated	•
٠	■ Debtor 1 and Debtor 2 only	□ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
•	☐ Check if this claim is for a community	☐ Student loans	
*	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
-	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	Other, Specify	
	,		

Debtor 2	Case 16-14797-mdc Doc 25 Robert E. Stauffer, Jr. Dana M. Stauffer	Filed 10/21/16 En Document Page		Desc Main
	Resurgent Capital Services	Last 4 digits of account number	5759	\$880.23
	Nonpriority Creditor's Name PO Box 10587	When was the debt incurred?	2015	
_	Greenville, SC 29603-5884 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent	•	
•	■ Debtor 2 only	■ Unliquidated		-
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	ls the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
,	☐ Yes	Other. Specify	· · · · · · · · · · · · · · · · · · ·	·
4	Wellspan Ephrata Community Hospital	Last 4 digits of account number	5542	\$515.42
	Nonpriority Creditor's Name PO Box 7165 Ephrata, PA 17522	When was the debt incurred?	9/3/15	
_	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		•
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Student loans		,
	debt Is the claim subject to offset?	Obligations arising out of a sepa	ration agreement or divorce that you did not	.•
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	•
	Yes	Other. Specify		-
	Wilber & Associates PC	Last 4 digits of account number	4689	\$3,046.60
	Nonpriority Creditor's Name 210 Landmark Drive Normal, IL 61761-2194	When was the debt incurred?	7/29/15	•.
.	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	• •
	Debtor 1 only	☐ Contingent	•	
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	•
÷	☐ Check if this claim is for a community debt	 ☐ Student loans ☐ Obligations arising out of a sepa 	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		· ·
	■ No	Debts to pension or profit-sharir		
	Yes	•	nce-insurance claim from n July 29, 2015	

	Case 1	6-14797-mdc D	oc 25 Filed 10/2	1/16 En	tered	10/21/16 1	4:33:25	Desc Main
Debtor		E. Stauffer, Jr.	Document	Page	7 of 7			
Debtor	² Dana M	. Stauffer			Case n	umber (if know)	16-14797	
4.1	7imuladak	Charlesk & Danilla		,				#0.00
6		Sherlock & Demille reditor's Name	Last 4 digits of ac	count number				\$0.00
	309 Fello	vship Rd., STE 330 urel, NJ 08054	When was the de	bt incurred?	7/29/	15		_
	Number Stre	et City State Zlp Code d the debt? Check one.	As of the date you	u file, the claim	is: Check	all that apply		
	■ Debtor 1	only	☐ Contingent					
	Debtor 2	only	☐ Unliquidated					
		and Debtor 2 only	■ Disputed					
	_	ne of the debtors and another		RITY unsecure	d claim:			
	_	this claim is for a commun						
	debt	subject to offset?	Obligations aris		aration agi	reement or divorce	that you did not	
	■ No	,	☐ Debts to pension		no plans a	nd other similar de	ebts	
	_140			Selective I	nsurano	e Company o	of the	
	Yes		Other. Specify			e claim for se of claim is uni		_
Part 3: 5. Use th			a Debt That You Already tifled about your bankruptcy,		you alread	dy listed in Parts	1 or 2. For exam	ple, if a collection agency
IS TIVI								
Part 4:	More than one ed for any det Add the the amounts of	e creditor for any of the deb its in Parts 1 or 2, do not fil Amounts for Each Type of certain types of unsecure	ots that you listed in Parts 1 o Il out or submit this page.	r 2, list the add	itional cre	editors here. If you	u do not have ad	
Part 4:	Add the	e creditor for any of the deb its in Parts 1 or 2, do not fil Amounts for Each Type of certain types of unsecure	ots that you listed in Parts 1 o I out or submit this page. of Unsecured Claim	r 2, list the add	itional cre	editors here. If you	u do not have ad	ditional persons to be
Part 4:	Add the amounts of unsecured of	e creditor for any of the detents in Parts 1 or 2, do not fill Amounts for Each Type of certain types of unsecure claim.	ots that you listed in Parts 1 o I out or submit this page. of Unsecured Claim ed claims. This information is	r 2, list the add	eporting	editors here. If you	u do not have ad B U.S.C. §159. Ad Claim	ditional persons to be
Part 4: 6. Total type of	Add the Add the amounts of unsecured 6	e creditor for any of the detents in Parts 1 or 2, do not fill Amounts for Each Type of certain types of unsecuredalm.	ots that you listed in Parts 1 o I out or submit this page. of Unsecured Claim ed claims. This information is	r 2, list the add	itional cre	editors here. If you	u do not have ad	ditional persons to be
Part 4: 6. Total type of	Add the Add the amounts of unsecured of	e creditor for any of the deb its in Parts 1 or 2, do not fill Amounts for Each Type of certain types of unsecure claim. a. Domestic support oblig	ots that you listed in Parts 1 o I out or submit this page. of Unsecured Claim ed claims. This information is	r 2, list the add	eporting	editors here. If you	u do not have ad B U.S.C. §159. Ad Claim	ditional persons to be
Part 4: 6. Total type of	Add the Add the amounts of unsecured of the amounts of unsecured of the amounts o	e creditor for any of the debts in Parts 1 or 2, do not fil Amounts for Each Type of certain types of unsecure claim. Domestic support oblig Taxes and certain other Claims for death or per	ots that you listed in Parts 1 o I out or submit this page. of Unsecured Claim ed claims. This information is	r 2, list the add	eporting 6a. 6b. 6c.	editors here. If you	3 U.S.C. §159. Ad Claim 0.00 441.44 0.00	ditional persons to be
Part 4: 6. Total type of	Add the Add the amounts of unsecured of	e creditor for any of the debts in Parts 1 or 2, do not fil Amounts for Each Type of certain types of unsecure claim. Domestic support oblig Taxes and certain other Claims for death or per	ots that you listed in Parts 1 o I out or submit this page. of Unsecured Claim ed claims. This information is gations	r 2, list the add for statistical r ent	reporting 6a. 6b.	editors here. If you	u do not have ad 3 U.S.C. §159. Ad Claim 0.00	ditional persons to be
Part 4: 6. Total type of	Add the Add the amounts of unsecured of the amounts of unsecured of the amounts o	e creditor for any of the debts in Parts 1 or 2, do not fil Amounts for Each Type of certain types of unsecure claim. Domestic support oblig Taxes and certain other Claims for death or period Other. Add all other prior	ots that you listed in Parts 1 of I out or submit this page. of Unsecured Claim ed claims. This information is gations r debts you owe the government in th	r 2, list the add for statistical r ent	eporting 6a. 6b. 6c. 6d.	editors here. If you	U.S.C. §159. Ad Ctaim 0.00 441.44 0.00	ditional persons to be
Part 4: 6. Total type of	Add the Add the amounts of unsecured of the amounts of unsecured of the amounts o	e creditor for any of the debts in Parts 1 or 2, do not fil Amounts for Each Type of certain types of unsecure claim. a. Domestic support oblig b. Taxes and certain other c. Claims for death or period d. Other. Add all other prior	ots that you listed in Parts 1 of I out or submit this page. of Unsecured Claim ed claims. This information is gations r debts you owe the government in th	r 2, list the add for statistical r ent	eporting 6a. 6b. 6c.	editors here. If you	3 U.S.C. §159. Ad Claim 0.00 441.44 0.00	ditional persons to be
Part 4: 6. Total type of	Add the the amounts of unsecured of the the amounts of unsecured of the	e creditor for any of the debts in Parts 1 or 2, do not fil Amounts for Each Type of certain types of unsecure claim. Domestic support oblig Taxes and certain other Claims for death or period Other. Add all other prior	ots that you listed in Parts 1 of I out or submit this page. of Unsecured Claim ed claims. This information is gations r debts you owe the government in th	r 2, list the add for statistical r ent	eporting 6a. 6b. 6c. 6d.	purposes only. 28 Total \$ \$ \$ \$ \$	U.S.C. §159. Ad Ctaim 0.00 441.44 0.00 441.44	ditional persons to be
Part 4: 6. Total type of	Add the the amounts of unsecured of the the amounts of unsecured of the	Amounts for Each Type of certain types of unsecure claim. Domestic support oblig Taxes and certain other Claims for death or pen d. Other. Add all other prior Total Priority. Add lines	ots that you listed in Parts 1 of I out or submit this page. of Unsecured Claim ed claims. This information is gations r debts you owe the government in th	r 2, list the add for statistical r ent	eporting 6a. 6b. 6c. 6d.	purposes only. 28 Total \$ \$ Total	U.S.C. §159. Ad Ctaim 0.00 441.44 0.00 441.44 Claim	ditional persons to be
Part 4: 6. Total type of from P	Add the the amounts of unsecured of the the amounts of unsecured of the	Amounts for Each Type of certain types of unsecure claim. Domestic support oblig Taxes and certain other Claims for death or pen d. Other. Add all other prior Total Priority. Add lines	ots that you listed in Parts 1 of I out or submit this page. of Unsecured Claim ed claims. This information is gations r debts you owe the government in th	r 2, list the add for statistical r ent	eporting 6a. 6b. 6c. 6d.	purposes only. 28 Total \$ \$ \$ \$ \$	U.S.C. §159. Ad Ctaim 0.00 441.44 0.00 441.44	ditional persons to be
Part 4: 6. Total type of from P	Add the Add the the amounts of unsecured of the amounts of unsecured of the amounts of the amoun	e creditor for any of the debts in Parts 1 or 2, do not fil Amounts for Each Type of certain types of unsecure claim. a. Domestic support oblig b. Taxes and certain other c. Claims for death or per d. Other. Add all other prior c. Total Priority. Add lines Student loans	ots that you listed in Parts 1 of I out or submit this page. of Unsecured Claim ed claims. This information is gations r debts you owe the government on a lingury while you were in the introduced claims. Write that 6a through 6d.	ent ent amount here.	eporting 6a. 6b. 6c. 6d.	purposes only. 28 Total \$ \$ Total	U.S.C. §159. Ad Ctaim 0.00 441.44 0.00 441.44 Claim	ditional persons to be
Part 4: 6. Total type of from P	Add the Add the the amounts of unsecured of the amounts of unsecured of the amounts of the amoun	e creditor for any of the debts in Parts 1 or 2, do not fil Amounts for Each Type of certain types of unsecure claim. a. Domestic support oblig b. Taxes and certain other c. Claims for death or per d. Other. Add all other prior c. Total Priority. Add lines Student loans	ots that you listed in Parts 1 of I out or submit this page. of Unsecured Claim ed claims. This information is gations r debts you owe the governm sonal injury while you were in the unsecured claims. Write that 6a through 6d.	ent ent amount here.	eporting 6a. 6b. 6c. 6d.	purposes only. 28 Total \$ \$ Total	U.S.C. §159. Ad Ctaim 0.00 441.44 0.00 441.44 Claim	ditional persons to be
Part 4: 6. Total type of from P	Add the Add the the amounts of unsecured of the amounts of unsecured of the amounts of the amoun	e creditor for any of the debts in Parts 1 or 2, do not fil Amounts for Each Type of certain types of unsecure claim. a. Domestic support oblig b. Taxes and certain other c. Claims for death or pen d. Other. Add all other prior c. Total Priority. Add lines Student loans Obligations arising out you did not report as pen Debts to pension or pro-	ots that you listed in Parts 1 of I out or submit this page. of Unsecured Claim ed claims. This information is gations r debts you owe the governm sonal injury while you were in the unsecured claims. Write that 6a through 6d. of a separation agreement or nority claims offt-sharing plans, and other sets.	ent ntoxicated t amount here.	6a. 6b. 6c. 6d. 6f. 6g. 6h.	purposes only. 28 Total \$ \$ Total	U.S.C. §159. Ad Ctaim 0.00 441.44 0.00 441.44 Claim	ditional persons to be
Part 4: 6. Total type of from P	Add the Add the the amounts of unsecured of the amounts of unsecured of the amounts of the amoun	e creditor for any of the debts in Parts 1 or 2, do not fil Amounts for Each Type of certain types of unsecure claim. a. Domestic support oblig b. Taxes and certain other c. Claims for death or pen d. Other. Add all other prior c. Total Priority. Add lines Student loans Obligations arising out you did not report as pen Debts to pension or pro-	ots that you listed in Parts 1 of I out or submit this page. of Unsecured Claim ed claims. This information is gations r debts you owe the governm sonal injury while you were in the introduced claims. Write that 6a through 6d. of a separation agreement or nority claims	ent ntoxicated t amount here.	eporting 6a. 6b. 6c. 6d. 6e. 6f. 6g.	purposes only. 28 Total \$ \$ Total	U.S.C. §159. Ad Claim 0.00 441.44 0.00 441.44 Claim 0.00	ditional persons to be
Part 4: 6. Total type of from P	Add the Add the the amounts of unsecured of the amounts of unsecured of the amounts of the amoun	a creditor for any of the debts in Parts 1 or 2, do not fil Amounts for Each Type of certain types of unsecure claim. a. Domestic support oblig b. Taxes and certain other c. Claims for death or pen d. Other. Add all other prior c. Total Priority. Add lines Student loans Obligations arising out you did not report as pi Debts to pension or pro Other. Add all other non here.	ots that you listed in Parts 1 of I out or submit this page. of Unsecured Claim ed claims. This information is gations r debts you owe the government on the part of a separation agreement or fority claims offit-sharing plans, and other spriority unsecured claims. Write that of the part of t	ent ntoxicated t amount here.	6a. 6b. 6c. 6d. 6f. 6g. 6h.	purposes only. 28 Total \$ \$ Total	U.S.C. §159. Ad Claim 0.00 441.44 0.00 0.00 441.44 Claim 0.00	ditional persons to be
Part 4: 6. Total type of from P	Add the the amounts of unsecured of the amounts of unsecured of the the amounts of unsecured of the the amounts of the the amounts of the the amounts of the	e creditor for any of the debts in Parts 1 or 2, do not fil Amounts for Each Type of certain types of unsecure claim. a. Domestic support oblig b. Taxes and certain other c. Claims for death or pen d. Other. Add all other prior c. Total Priority. Add lines Student loans Obligations arising out you did not report as pi Debts to pension or pro Other. Add all other non here.	ots that you listed in Parts 1 of I out or submit this page. of Unsecured Claim ed claims. This information is gations r debts you owe the government on the part of a separation agreement or fority claims offit-sharing plans, and other spriority unsecured claims. Write that of the part of t	ent ntoxicated t amount here.	eporting 6a. 6b. 6c. 6d. 6f. 6g. 6h. 6i.	purposes only. 28 Total \$ \$ Total	U.S.C. §159. Ad Claim 0.00 441.44 0.00 0.00 441.44 Claim 0.00 0.00	ditional persons to be